6,	
140	
70	
tete	
V	1

U	
5	
Y	

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09 1938 671

CLAIMS AS FILED - PART I				0\		SMALL ENTITY				OTHER THAN			
TOTAL CLAIMS		(Columr	1 1).	(Column 2)		TYPE		OR ¬	<u></u>				
150						· · · · · · · · · · · · · · · · · · ·	_	RATE	FEE	_	RATÉ	FE	E
FOR NUMBER FILE			FILED	NUME	BER EXTRA	В.	ASIC FEE	385.00	OR	BASIC FEE	770.	.00	
TO	OTAL CHARGE	ABLE CLAIMS	mi	nus 20=	*			X\$ 9=		OR	X\$18=		
_	DEPENDENT C		<u> </u>	inus 3 =	*			X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter				"0" in c	column 2		TOTAL	. <u></u>	OR	TOTAL			
										OTHER	THA	,	
(Column 1) (Column				nn 2)	(Column 3)	S	SMALL	ENTITY	OR	SMALL			
AMENDMENT A	6/27/04	CLAIMS REMAINING AFTER AMENDMENT	B	HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	JAL.
NON	Total	* 36	Minus	<u> </u>	<u>L</u>	= 0		X\$ 9=		OR	X\$18=		
AME	Independent	* 8 ENTATION OF MI	Minus	*** C	<u>1</u>			X43=		OR	X86=		
	THOTTRESE	NATION OF IM		LINDLINI	CLAIN		+	145=		OR	+290=		
· :							<u> </u>	TOTAL		OR	TOTAL		
Æ		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*****	<i>(</i> 0.1	•	<i>(</i> 0.1	ADI	DIT. FEE			ADDIT. FEE		
Ji.	T T	(Column 1)	- 200 - A	(Colum HIGHE		(Column 3)		 1					
ENT B	ran i Meradar (1995)	REMAINING AFTER AMENDMENT	e Mariane	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE	·	RATE	ADE TION FEI	AL
AMENDMENT	Total	* ,	Minus	**		= ,	>	(\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	>	K43=		OR	X86=		
	FIRST PRESE	NTATION OF MU		ENDENI	CLAIM								
							+	145=		OR	+290=		
							ADE	TOTAL DIT. FEE		OR ,	TOTAL ADDIT, FEE	-	
		(Column 1)	· V	(Colum	ın:2\	(Column 3)				. ,			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ST ER USLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADD TION FEE	AL
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		= 4	X	(43=	·	OR	X86=	•	já:
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM					UM			\dashv
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** TOTAL ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												